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## Ideas for Collaboration between Injury Control Research Centers and Health Department Injury Prevention Programs\*

Collaborations between Injury Control Research Centers (ICRCs) and health departments can strengthen injury prevention programs by effectively using scarce resources to achieve common goals.

### Minimizing Challenges through Collaboration

**Challenge:** Academia (ICRCs) and public health agencies (health departments) operate in environments that encourage them to approach injury problems differently:

| Academia<br>(ICRCs)          | Public health agencies<br>(health departments) |
|------------------------------|--|
| Be an expert                 | Be a generalist                                |
| Focus—what is unknown        | Focus—what is known                            |
| Research first; action later | Action now; research later                     |
| Critical analysis            | Emphasis on successes                          |
| Publishing—a necessity       | Publishing—a luxury                            |

**Response:** Take advantage of each other's approaches.

- Health departments can help ICRCs gain access to communities when planning and carrying out research.
- ICRCs can help health departments by sharing best practices; health departments need evidence-based injury prevention programs to implement in the community.
- ICRCs can often provide epidemiologic and evaluation expertise to make sure interventions are needed and effective.
- ICRCs and health departments can collaborate through data sharing and joint authorship.
- ICRCs and health departments can co-sponsor injury prevention training and workshops (e.g., a symposium on injuries and helmets).

**Challenge:** Key leadership in the health department and ICRC may not have an established relationship or may not understand the other's expertise.

**Response:** Establish representation on each other's advisory groups to facilitate communication and leverage networking opportunities.

- Health department officials may be represented on the ICRC faculty or advisory group.
- ICRC staff may be represented on the health department's Injury Community Planning Group or Injury Coalition.
- ICRCs and health department staff may host or participate in conference calls, meetings, peer support, annual meetings, etc., as potential forums to build relationships and discuss areas of collaboration.

**Challenge:** ICRCs and health departments sometimes compete for the same limited funding. Potential partners may resist collaboration if their independence or funding is compromised.

**Response:** Support each other's efforts to secure funding and resources.

- Collaborate in the development and submission of funding requests.
- Provide letters of support for proposals.
- Conduct advocacy with the legislature and other policy makers for injury prevention and control efforts.

**Challenge:** Demands for time and resources, institutional roadblocks, and multiple administrative approvals compete with efforts to partner.

**Response:** Develop innovative ways to partner and provide support.

- ICRC interns or graduate students could benefit from opportunities to augment and learn from health department staff.
- ICRCs may develop contract mechanisms to hire appropriate health department staff when health departments are unable to hire staff for funded activities due to government employment freezes, personnel ceilings, or other restrictions.

## Initiating Collaboration

Knowing how and when to begin building a collaborative relationship may be challenging. Collaboration may be initiated in several ways:

- **Identify a point of contact at the health department and ICRC:**  
For designated contact information, call: CDC 770-488-1230; the Society for Advancement of Violence and Injury Research (SAVIR) 202-955-3116; or the State and Territorial Injury Directors Association (STIPDA) 770-690-9000.
- **Foster conditions that support collaboration:**
  - (1) Open communication;
  - (2) Common or shared sense of purpose;
  - (3) Mutual trust; and
  - (4) Appreciation of partners' differences and strengths.
- **Acknowledge common goals:**  
Though health departments and ICRCs have common interests, each may have unique interests and expertise.
- **Set realistic expectations:**  
Sacrificing some resources or autonomy may be necessary to gain the benefits of partnership.
- **Emphasize partnership:**  
Equal footing holds positive implications for collaboration and funding. Health departments actively work to prevent injuries, whereas ICRCs conduct research relevant to preventing injuries.
- **Consider timing:**  
There is no bad time to collaborate. It is important to start collaboration whenever an opportunity arises. A good time to initiate long-term collaborative planning is during the grant competitive renewal process.

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\* This information was presented and discussed at a session on "How State Health Department Injury Prevention Programs and Injury Control Research Centers can Collaborate to More Effectively Prevent Injuries" at CDC's 2005 Annual Program Development and Surveillance Team Grantees Meeting. Presenters included: Anara Guard, MS, Associate Director, Suicide Prevention Resource Center, Education Development Center, Inc.; and Xan Young, MPH, State Outreach Coordinator, Children's Safety Network, Education Development Center, Inc. Discussion panelists included: Steve Hargarten, MD, MPH, Society for the Advancement of Violence and Injury Research (SAVIR); Tom Voglesonger, Office of the Director, National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC); and David Scharf, MPH, Executive Director of the State and Territorial Injury Prevention Directors Association (STIPDA). The moderator was James Enders, Team Leader for the Program Team, Division of Injury Response, NCIPC, CDC. To obtain an electronic copy of these proceedings, call CDC: 770-488-2854.

Relevant background documents include: (1) Lewis Margolis and Carol Runyan, "Understanding and Reducing Barriers to Collaboration by Academics with Agencies and Community Organizations: A Commentary." *Injury Prevention* 1998; (2) Carol Runyan, "Research and Practice: Must They be Strange Bedfellows?" *Safe USA* 2001; (3) Hank Weiss, "Practitioners are from Mars, Researchers are from Venus." SAVIR/STIPDA September 2003; and (4) Larry Green, "Bridging Between Program Decision-Makers and Researchers: Participatory Research as an Approach." SAVIR/STIPDA September 2003.